

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2007 8:00 am
Secretary of State

02-26-2007 90072 013 ****70.00

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01032007 Chg-NP CR2E037 (12/06)

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|--|-----------------------|---|---|---|--|
| DOCUMENT # N36752 1. Entity Name WINDWARD PATIO ASSOCIATION, INC. | | | | | |
| Principal Place of Business 3899 CAPE HAZE DR. PO BOX 475 CAPE HAZE, FL 33946 US | | | Mailing Address PO BOX 475 CAPE HAZE, FL 33946 US | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 65-0183771 <div style="float: right;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div> | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent BRANDENBERGER, JOHN E. 3899 CAPE HAZE DR CAPE HAZE, FL 33946 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | | |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2007 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE | TD | <input type="checkbox"/> Delete | TITLE | VD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ANTONUCCI, PASQUALE J | | NAME | | |
| STREET ADDRESS | 2899 CAPE HAZE DR. | | STREET ADDRESS | | |
| CITY-ST-ZIP | PLACIDA, FL 33946 | | CITY-ST-ZIP | | |
| TITLE | PD | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PROCASKY, GENE L | | NAME | | |
| STREET ADDRESS | 3899 CAPE HAZE DR | | STREET ADDRESS | | |
| CITY-ST-ZIP | PLACIDA, FL 33946 | | CITY-ST-ZIP | | |
| TITLE | VD | <input type="checkbox"/> Delete | TITLE | SD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MUDD, CHARLES | | NAME | | |
| STREET ADDRESS | 3899 CAPE HAZE DR | | STREET ADDRESS | | |
| CITY-ST-ZIP | PLACIDA, FL 33946 | | CITY-ST-ZIP | | |
| TITLE | SD | <input type="checkbox"/> Delete | TITLE | TD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | RICE, DON | | NAME | | |
| STREET ADDRESS | 3899 CAPE HAZE DR | | STREET ADDRESS | | |
| CITY-ST-ZIP | PLACIDA, FL 33946 | | CITY-ST-ZIP | | |
| TITLE | VD | <input checked="" type="checkbox"/> Delete | TITLE | VD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | ZEIGLER, BEN | | NAME | KEARNS, MICHAEL | |
| STREET ADDRESS | 3899 CAPE HAZE DR | | STREET ADDRESS | 3899 CAPE HAZE DR. | |
| CITY-ST-ZIP | PLACIDA, FL 33946 | | CITY-ST-ZIP | PLACIDA, FL 33946 | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate, and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other title empowered. | | | | | |
| SIGNATURE: PASQUALE J. ANTONUCCI 2/21/07 941-697-9722 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |